

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1003

207

Do not use this space.

207

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No..... Registered No.....
- (c) City St. Louis, (d) Street No. 5345 Maffitt Ave., St. 6
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lottie M. Dunham

- (a) Residence, No. 5345 Maffitt Ave., St. 6
- (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. A. Dunham</u> .				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 25, 1868</u> .				
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>9</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home.</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrollton, Illinois.</u>			
	13. NAME <u>Wesley P. Rickart,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hamilton, Ohio.</u>			
MOTHER	15. MAIDEN NAME <u>Abigail H. Calvin,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrollton, Illinois.</u>			
17. INFORMANT <u>W. A. Dunham,</u> (ADDRESS) <u>5345 Maffitt Ave.</u>				
18. <del>PLACE</del> CREMATION, OR <del>REBURY</del> PLACE <u>Valhalla Crem.</u> DATE <u>Jan. 6, 38</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wagoner Und. Co.</u> <u>3621 Olive St.</u>				
20. FILED: <u>JAN 6 1939</u> <u>J. B. Bredt</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Mad, 1934, to Jan 4, 1939

I last saw he alive on Jan 3, 1939. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Atherosclerosis.  
Acute degeneration.  
Sudden failure.

Other contributory causes of importance:  
Chronic passive congestion.

Name of operation..... Date of.....  
What test confirmed diagnosis Chronic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. B. Bredt, M. D.  
(Address) 3621 Olive St.  
St. Louis, Mo.

Date of onset  
years  
4 yrs +  
1-4-39

Mr. J. Fred W. Clark  
864 Hamilton Ave

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *Nevelle B. Froheweter*

Licensed Embalmer No. *3696*

P. O. Address *362 Olive St.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**